

Adapting the Education Sector to the Advent of HIV/AIDS

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Abstract

This paper proposes that if education is to be proactive in its response to the advent of HIV/AIDS then it must:

- get to grips in reality as well as in words with the magnitude of the HIV/AIDS crisis;
- break the silence that surrounds the disease, publicly and privately—that is, get it out into the open;
- adopt a multisectoral approach that brings together health, education, community development, social welfare, labour and similar areas, and that involves the private sector, NGOs and CBOs as equal and critically important partners;
- base its approach on coordinated understanding of successful initiatives;
- adopt radical new thinking and approaches to
 - delivering education services so that vulnerable, affected or infected, children and youth can benefit;
 - designing creative initiatives that would respond to the special needs of orphans and widows;
 - determining the kind of education that should be provided for all young people in the AIDS-dominated circumstances of human society;
 - making-good personnel losses through staff replacement, training and deployment;
 - promoting within the system, within institutions and within society extensive sensitisation to the all-pervasive impacts of the disease;
 - making the institutions and content of education dynamic forces for reducing the spread of HIV infection.

If the response to these challenges is to be successful, there is need to draw on the resources of the two major groups that constitute society today, those who are HIV-infected and those who are not infected. The special challenge for those living with HIV/AIDS is to seek to do in less than ten years what may take decades for others. Their special accomplishment can be to help break the stranglehold of HIV/AIDS through their positive living, their resistance to the suffocating silence, and the unique role they can play in stemming the transmission of the disease. For those who are not infected, the challenge lies in helping them to remain uninfected and in building alliances with them to enable education and other sectors provide the services that are required in an AIDS dominated society, and eventually —sooner rather than later—in a post-AIDS society.

Adapting the Education Sector to the Advent of HIV/AIDS

Come to Grips with the Magnitude of the HIV/AIDS Crisis

There are certain basic principles which the education sector—indeed, virtually every other sector—must adopt if it is to be proactive in its response to the advent of HIV/AIDS. First and foremost, there is the need to come to grips, in reality as well as in words, with the magnitude of the crisis which the epidemic is creating and the way in

which it is destroying the fabric of society. HIV infection systematically destroys the ability of the human body to protect itself. Likewise, high rates of infection systematically destroy the ability of the institutions of society to function. This may be routinely acknowledged in principle, but very rarely so in practice. There may be notional assent to the idea that AIDS could make an education system unworkable, an economic system unproductive, a social system unmanageable. But seldom is there real assent.

This appears strongly in the education sector where, regardless of the rhetoric, the approach seems to be that, in spite of the problems, it can still be business as usual. The only requirements are some more resources and a few more action plans; these, it seems to be thought, will suffice for managing the AIDS crisis in much the same way as they suffice for managing other crises affecting the sector. Politicians, policy-makers, planners and practitioners alike appear to believe that tinkering with elements of the system will enable it to survive the onslaught of HIV/AIDS. They show limited appreciation of the fact that HIV/AIDS is qualitatively and quantitatively different from every other crisis or malady that has affected the system or individuals in it. The magnitude of the impact has not come home to them. Notwithstanding the evidence, the majority fail to perceive the emerging chaotic conditions in education systems in terms of demand, supply, clientele, resources, and planning. Education ministries, systems, institutions, are sick. But do they appreciate how very sick they really are? Are they aware that, as their personnel die, they too are dying?

HIV/AIDS is destroying education as traditionally known by undercutting the demand for educational services. This is because:

- There are fewer children to educate (due to there being fewer women in child-bearing ages, the AIDS-related reduced fertility of these women, mother to child transmission, more child deaths).
- There are stagnating or declining school enrolments.
- Because of AIDS, many children are unable to meet educational costs.
- Parents are questioning the value of investing in the education of children and young people who may survive for only a few years.
- Children who should be in school are needed in the home to provide care or to substitute for adults.
- The special household, caretaking role associated with girls places their opportunities for education under special threat.

HIV/AIDS is destroying the ability of the education system to supply its mandated services. This is so because:

- There is a large increase in teacher deaths.
- Episodes of personal sickness are leading to frequent teacher absences, reduced work capacity when present, and general decline in productivity.
- There is further extensive teacher absenteeism due to family sicknesses and funerals.
- There is a disproportionate effect on the punctuality/attendance/performance of female teachers.
- Those who should be ensuring the supply of educational services—teacher educators, managers, planners, administrators—are equally affected by the disease.

HIV/AIDS is having a chaotic impact on the potential clientele for education. This is due to:

- A massive increase in orphan numbers.

- The undue psychological and social vulnerability experienced by orphans, and children from AIDS-affected families.
- Orphans being frequently blocked off from educational participation.
- Children of school-going age finding themselves left in sole charge of households.
- School-aged children being required to become economically active for family support or to substitute in other ways for adults.
- The increasing burden of care for sick adults that is falling on children, especially girls.
- The substantial increase in the number of street children in urban centres and of out-of-school children, in both urban and rural areas, who see schooling as having neither reality nor relevance.

HIV/AIDS is steadily cutting away at the resource base for education. This happens because:

- By reducing the number of tax-payers, impacting negatively on productivity through the sickness and death of qualified and experienced personnel, and occasioning public disinvestment and a lowering in savings, HIV/AIDS is reducing the national income, and thereby the public resources for all sectors, education included.
- Other competing claims for public resources (health, AIDS-care, welfare, benefits) limit their availability for education.
- Household incomes are declining because of the death or reduced employability of wage-earners and the reduced potential of self-employed household members to generate income.
- There is increased commitment of limited household resources to expenditures on the sick, on palliative care, on funerals.
- Employers and insurance providers are experiencing difficulties in paying mandatory sickness and terminal benefits.

HIV/AIDS is ravaging the ability of the education sector to plan for and manage itself. This occurs because:

- There is a loss of experienced planners and managers just at the time when their expert services are most badly needed.
- Education systems are poorly informed about the inroads that HIV/AIDS is making on the sector and its institutions and suffer from an almost total lack of an epidemic-based educational management information system.
- Where projections are not AIDS-sensitive, the sector suffers from distorted planning.
- The loss of planning and management personnel has weakened the sector's capacity to deal with the problem of replacing lost, experienced, qualified personnel (teachers and others).
- In general terms, the loss of senior personnel has reduced the sector's capacity to strategise for educational development in the context of HIV/AIDS, so that it can
 - cope with impacts,
 - reduce transmission,
 - determine what form education should take in order to respond to the needs of orphans and others who cannot attend school in the traditional way; and
 - determine what form education should take in order to respond to the needs of a skills-depleted society.

Break the Silence

The failure to appreciate the calamitous effects HIV/AIDS is having on educational systems is closely linked to the barriers of silence that surround the disease, publicly and privately. There is a reluctance to get it out into the open. It is referred to by innuendoes

and half-suggestions. It is concealed as TB or malaria or meningitis or just as “a sickness”. This silence is associated with some sense of shame at both personal and institutional levels, something which leads on very easily to stigma and discrimination. A vicious circle quickly develops. False shame leads to silence, silence leads to stigma, stigma leads to a deeper sense of shame, and thereby to even greater silence and isolation. It all becomes so great that the education sector, like its individual members, tries to behave as if AIDS did not exist. But all the while, this whole atmosphere provides a dark, secretive breeding ground for the further spread of the virus. At the same time, the silence surrounding the disease works against the openness that would enable the education sector deal constructively and creatively with its impacts.

Therefore the second basic principle which the education sector must adopt if it is to be proactive in its response to the advent of HIV/AIDS is to break the silence that envelops the disease, publicly and privately. It must be got out into the open

Adopt a Multisectoral Approach

The third principle is the importance of adopting a multisectoral approach that brings together health, education, community development, social welfare, labour and other sectors; that builds alliances between the public and private sectors; that establishes coalitions which involve ministries, communities, civil society, and the business, industrial and farming world. By now it is a truism that HIV/AIDS is more than a health problem. Undoubtedly, it has massive health dimensions, but it is because of these that it cuts across all sectors and areas of human endeavour, particularly those like education which are highly person- or labour-intensive.

HIV/AIDS is an attack on society as a whole. Hence, it is society as a whole that must respond to its onslaught. This calls for an integrated approach which works along three dimensions. First, each sector evaluates how it is affected. This implies a good situation analysis and sound information. There is no gainsaying the need for these. Second, in cooperation with related sectors and drawing collaboratively on their resources, the sector takes action to cater for the impacts in the most creative and proactive manner possible. Third, once more in cooperation with relevant sectors, the sector takes action directed at the containment of the disease and the limitation of its transmission.

Important areas of cooperation for education are with health, community development, and human resource planning.

Cooperation with Health Services

Whether the context is that of formal or non-formal provision of education, there is need for appropriate health services which are user-friendly and which can provide those in education systems, institutions and programmes with the necessary hard and soft medical support: hard support, in the form of drugs, medicines and prophylactics; soft support, in the form of advice and counselling. Since young people form the principal clientele for educational services, this implies the availability of medical services that can respond in a supportive, understanding, non-judgmental way to the needs and problems of young people from schools and educational programmes. And to have their most beneficial impact for school-going children, these services should somehow be integral to the work of the school, be highly prized and supported by the school authorities, receive regular visits from them, be involved in their staff meetings and school assemblies, and at appropriate points feed into the actual instructional and assessment programmes.

Cooperation with Community Development Services

There are several aspects to collaborative HIV/AIDS interactions between schools and community development.

- This collaboration is crucially important if reproductive and sexual health are to be integrated into the school curriculum in ways that will empower young people to adopt behaviour that will reduce their risk of infection. Alleged or real parental and community concerns may freeze this important area out of the curriculum altogether. Perhaps even worse, these concerns (compounded by inadequate teacher preparation) frequently lead to its being dealt with in so superficial and theoretical a manner that it stimulates the very activity which it should be helping to control. Community and social development personnel have an important role to play in helping parents and communities appreciate that the very survival of their children depends in large measure on their receiving realistic reproductive and sexual health education that will enable them to form socially correct attitudes which, in turn, will lead to behaviour that is protective of self and others.
- Community development personnel are also needed as the eyes and ears of the school, with whom the school authorities should work closely in responding to the special health and poverty problems being experienced in AIDS-affected families and to making special provision for orphans suffering disorientation or isolation, for children who are in charge of households, for girls who are caring for the sick.
- One other broad area for collaboration between health and community workers on the one hand and providers of education on the other is in capitalising on the enormous pool of human compassion and dedication that exists among young people by facilitating their support for AIDS carers in homes and clinics. This would commit educational institutions to a more serious and reflective response. It would help in moving from silence, fear, stigma and isolation to acceptance, concern and humanity. It would re-affirm the human dignity of those with AIDS. It would strengthen the resolve of many young participants to avoid the risk of infection.

Cooperation with Human Resource Planners

At a very different level, there is the ever-present need for the education sector to respond to the real needs of society.

- Where the very functioning of society is being undermined through the relentless erosion of skilled and experienced human resources, as is happening through HIV/AIDS, the education sector must ask what its response should be. Flexibility and versatility should rank higher than ever before in its curriculum objectives. Close interaction with human resource planners will identify areas of skill and expertise that the epidemic is depleting and that must be replenished. While the immediate need for adjustments may well be in the areas of higher education, there will be knock-on effects for education programmes in secondary and primary schools. In certain circumstances, much closer cooperation between industry and schooling may be needed, so that at a very early age young people acquire the skills and can start building up the experience that AIDS has removed.
- Society also has real needs of a different order in the multitude of orphans and children shouldering adult economic responsibilities that the disease casts up on the banks of life. An education system must equip these so that they can live and support themselves fruitfully. In order to do so, it must interact collaboratively with all productive and service sectors—agriculture, industry, the broad spectrum of the informal economy—to determine just what the needs and opportunities are and how it could help young people prepare for these.

Learn from a Coordinated Understanding of Best Practices

There has been striking growth in recent years in concern about the impact of HIV/AIDS on education. There has also been exponential growth in initiatives to deal with the problem, particularly at the level of curriculum interventions in schools and of programmes directed towards out-of-school youth. But as would be obvious to anybody who has been following the excellent UNDP HIV-Impact e-mail discussion, there is little coordination among or between these interventions and initiatives. Individuals, organisations and agencies are experimenting without always knowing what the successful and less successful experiences of others have been. There is a pervasive sense of selfless dedication and commitment, boundless hope moderated by agonising desperation, but all shot through with limited knowledge of what has been tried elsewhere. It is almost as if, not being quite sure what to do, people feel that doing something would be better than doing nothing.

Because of the way HIV/AIDS has wormed itself into the heart of communities, it seems almost certain that it is through communities that responses must develop, and that these responses will reflect the diversity of communities. But the success of such community-developed responses will depend heavily on incorporating knowledge and practices that have been found to be successful in similar situations elsewhere.

This is as true for interventions developed within the education sector as for those in other areas. What this calls for is a profound understanding of the problems the epidemic poses for the sector and a coordinated understanding of successful initiatives. This is an area where the aid agencies could be of significant help. At national, regional and international levels, they can stimulate and support the development of a comprehensive knowledge base for HIV/AIDS and education. This implies

- enabling education ministries and other providers of educational services to develop better understanding of what the epidemic is doing or could do to the sector;
- bringing together and synthesising information on what has been tried, what works and what does not work;
- sharing information and understanding within and between countries.

The success of such cooperation would depend heavily on the full and equal involvement of non-governmental and community-based organisations, since these are the main delivery agents for interventions to out-of-school youth. Coping with the multitudinous effects of HIV/AIDS on education necessitates a closer alliance between these organisations and the formal school system, so that together they present a united front through mutually supportive actions, initiatives, messages, and methodologies.

The Need for Radical New Thinking

It cannot be repeated too often that the HIV/AIDS epidemic is qualitatively different to anything that humanity has hitherto experienced. This being so, dealing with it transcends traditional paradigms, conceptual frameworks, models or whatever. New wineskins are needed to contain this new corrosive reality. New ways of thinking are required. New models of educational provision must be envisioned.

More than thirty years ago, social and economic considerations led Ivan Illich to thoughts about deschooling society. A decade later, the rapid transformation of education systems in Sweden and elsewhere led Torsten Husen to remind us that mass schooling as

we know it is not a given in human society but was created to respond to the needs of an industrialising society. More recently, UNESCO's International Commission on Education for the Twenty-First Century has underscored the importance of learning through life and of going beyond the traditional distinction between initial and continuing education. At a more prosaic level, the financial burdens arising from the traditional educational technology of one teacher for every group of thirty to forty pupils are stimulating educational planners in developing countries to look for less costly delivery modes.

But these considerations pale into insignificance in the harsh light of the virtual impossibility of aligning a traditional system of educational delivery with the disrupting impacts of HIV/AIDS. The whole formal education system as we know it is predicated on planned, orderly interaction between teachers, managers and policy-makers on the one hand, and children and their families on the other. But as noted above, by the way it throws all into chaos, the AIDS situation precludes this planned, orderly interaction. Finding a replacement calls for radical new thinking and approaches.

As a minimum, new thinking needs to be developed in relation to

- how to deliver education services so that vulnerable, affected or infected, children and youth can benefit;
- the special initiatives that should be put in place for responding to the special needs of orphans and widows;
- the kind of education that should be provided for all young people in the AIDS-dominated circumstances of human society;
- how to make-good personnel losses through staff replacement, training and deployment;
- how to promote within the system, within institutions and within society extensive sensitisation to the all-pervasive impacts of the disease;
- how to make the institutions and content of education dynamic agents for reducing the spread of HIV infection.

Conclusion

This paper has proposed that if education is to be proactive in its response to the advent of HIV/AIDS then it must:

- get to grips in reality as well as in words with the magnitude of the HIV/AIDS crisis;
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→ making the institutions and content of education dynamic forces for reducing the spread of HIV infection.

This a challenging task. It would be altogether daunting were it not for the existence of the two major groups that constitute society today, those who are HIV-infected and those who are not infected.

If a community is badly affected, with twenty per cent of its adults being HIV-infected, these twenty per cent can be a powerful resource for mobilising the community to cope with the consequences of the disease and reduce its transmission. There is need to instill full confidence into them and into every member of society that persons living with HIV/AIDS can live fruitful, productive lives, and to ensure that they are accorded special dignity because of their precarious health status. Those living with HIV/AIDS have a wealth of personal resources which they should be enabled to employ for their own well-being and that of others in society. Their special challenge is to seek to do in less than ten years what may take decades for others. Their special accomplishment can be to help break the stranglehold of HIV/AIDS through their positive living, their resistance to the suffocating silence, and the unique role they can play in stemming the transmission of the disease.

The other side of the picture is the large percentage who are not infected. Hope rests with them. It is with regard to them that special challenges lie: helping them to remain uninfected; mobilising their potential to enable communities and institutions cope with the impacts of the disease; working collaboratively with them to strengthen the institutions of society so that they can pull through the present storm; building alliances with them to enable education and other sectors provide the services that are required in an AIDS dominated society, and eventually—sooner rather than later—in a post-AIDS society.
